

Case Number:	CM14-0108383		
Date Assigned:	08/01/2014	Date of Injury:	11/11/2003
Decision Date:	09/16/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51 year old male who sustained an industrial injury on 11/11/2003. The patient is status post right sholder arthroscopy in 2008 and right CTR surgery in September 2003. A prior peer review completed on 6/26/2014 provided the determination to modify the request for Soma 305 mg #60, to allow #8 for weaning purposes; modify the request for Dilaudid 4 mg #120, to allow #108 for slower taper, to account for 1 week of weaning from Soma; certify Lyrica 75 mg 3120; non-certify the request for Klonopin 0.5 mg #15, and non-certify the request for 6 additional acupuncture sessions. The patient had been on these medications since 2010. According to the PR-2 visit note dated 2/11/2014, the patient presents for complaints of lower backache and left shoulder pain. Pain level has decreased since last visit, pain decreased to a 5/10 with medications and acupuncture therapy. He reports increased right shoulder pain, that awakens him and whenever he turns to the right. Sleep quality is poor. He is trying acupuncture and PT for pain relief. Medications working well, tolerated tapering of pain meds with additional therapies - PT and acupuncture. He notes improved active ROM with PT and acupuncture and improved sleep following treatments. Current medications are Lyrica 75 mg 2 taken twice daily, Soma 350 mg 3 times per day as needed, Diluadid 4 mg 4 times daily as needed, Klonopin 0.5 mg 1 at bedtime as needed, Soma 350 mg twice daily as needed, and metformin Hcl 500 mg (other MD). Physical examination documents restricted cervical motion with pain, paraspinal tenderness to palpation, and Spurling's causes radicular symptoms on the right . Lumbar ROM is restricted with pain, tenderness, spasm and tight muscle bands noted in paravertebral muscles, and positive facet loading on the right, negative SLR. Restricted ROM of the bilateral shoulders limited by pain and crepitus, tenderness and positive Hawkin's, Neer test, Empty can, Speed's test, and Yergasons' also positive on the right. Wrist examination reveals surgical scars on the right, restricted ROM due to pain, and tenderness to palpation over volar aspect bilaterally. Left

side also phalen's and tinel's positive. Motor testing limited by pain, 4/5 strength of right grip, right shoulder flexors, and shoulder abduction, 5/5 strength on 5/5 left grip, left shoulder flexors and abduction. Diagnoses are lumbar facet syndrome, cervical radiculopathy, cervical disc disorder, shoulder injection, and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Soma 350 mg, count 60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: According to guidelines, this medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. In this case, there is no substantial evidence of muscle spasm, resistant to first line therapy and requiring treatment with antispasmodics. There is no documentation of any significant benefit with prior use. Antispasmodics are not recommended for chronic use. Therefore, the request is considered not medically necessary.

Dilaudid 4 mg, count 120.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: As per CA MTUS guidelines, "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, there is no documentation of any significant improvement in pain or function with prior use of this medication. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. Therefore, the request is not medically necessary.

Klonopin 0.5 mg, count 15,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the guidelines, Benzodiazepines are not recommended. These medications are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Clonazepam (Klonopin) is not recommended. Furthermore, if a diagnosis of an anxiety disorder exists, a more appropriate treatment would be an antidepressant. There is no documentation of any significant improvement in pain or function with prior use. The medical records do not reveal a clinical rationale that establishes Klonopin is appropriate and medically necessary for this patient. Therefore, the request for Klonopin is not medically necessary.

Six additional acupuncture sessions.: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section .According to the treatment guidelines, Acupuncture may be an option for patients when pain medication is reduced or not tolerated, which is not the case of this patient. There is little to no documentation of any significant relief in quantitative pain level or function with prior treatments. Therefore, the request is not medically necessary.